



*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
www.msdlouky.org*

January 23, 2013

Ms. Cheryl Edwards  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Silver Heights WQTC; KPDES No.: KY0028801  
Discharge Monitoring Reports – December 2012.**

Dear Ms. Cheryl Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Silver Heights WQTC, KPDES No.: KY0028801 for the month of December.

There were no exceedences, bypasses or overflows during the month of December for the Silver Heights WQTC.

If you have any questions concerning the attached DMRs, please contact me at (502) 540-6031.

Sincerely,

A handwritten signature in black ink, appearing to read "John Kessel", written over a white background.

John Kessel  
Process Supervisor, West region

JMK/Silver Heights 1212

Enclosures

cc: T. Singleton  
R. Shaw



*Beneficial Use of Louisville's Biosolids  
www.louisvillegreen.com*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CEDAR CREEK WQTC  
ADDRESS: 8405 CEDAR CREEK RD  
LOUISVILLE, KY 40211  
FACILITY: SILVER HEIGHTS WQTC MSD  
LOCATION: 9418 SLAYTON CT  
LOUISVILLE, KY 40229  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0028801  
PERMIT NUMBER

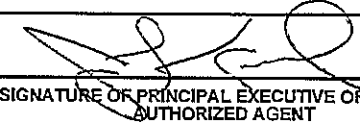
001-2  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211  
MINOR  
(SUBR LV) JEFFE  
SANITARY WASTEWATER  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
12/01/2012	FROM	12/31/2012	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	17	28		*****	7	9		0	1/7	CP
	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	0.5	0.7		*****	0.2	0.5		0	1/7	CP
	PERMIT REQUIREMENT	41.7 30DA AVG	83.4 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	3.0		0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.386	0.819		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> Executive Director TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE
			502-546-6000		01/23/2013
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
12/01/2012 TO 12/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	8		0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 DAILY MX	#/100ML		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	7.2	12		*****	3	4		0	1/7	CP
	PERMIT REQUIREMENT	62.6 30DA AVG	125 DAILY MX	lb/d	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	COMPOS

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			502-540-6000	01/23/2013
		AREA Code	NUMBER	MM/DD/YYYY

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